

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/599,650		FILING DATE 10-4-06				
							APPLICANT(S)						
CLAIMS													
	AS FILED <i>after 19</i>		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1										
2													
3		2											
4		0											
5		0											
6		0											
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12	1												
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14		2											
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16	1												
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TOTAL IND.	6	↓		↓		↓	TOTAL IND.		↓	6	↓		↓
TOTAL DEP.	21	←		←		←	TOTAL DEP.		←	34	←		←
TOTAL CLAIMS	27						TOTAL CLAIMS			40			